

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

10724482

11-01-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3		/				
4	/					
5		/				
6		3				
7		3				
8		3				
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50						
TOTAL IND.	3					
TOTAL DEP.	19					
TOTAL CLAIMS	22					

	IND	DEP	IND	DEP	IND	DEP
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